

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001157

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 60

STATE FILE NUMBER

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SPRINGFIELD

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY
OR TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

D.O.A. Burge Hospital

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2518 N. Weller

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILBUR

R.

HAMILTON

4. DATE
OF DEATH

Month

Day

Year

January

11

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

14 Sept. 1872

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Construction Co., Employee

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Indiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address RFD#1

Vance Hamilton (Son) Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRAL THROMBOSIS

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-21-61 to 1/11/62 and last saw him alive on 1/11/62
Death occurred at 11:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.C. Scanlon M.D.

22b. ADDRESS

1715 Boonville

22c. DATE SIGNED

SPRINGFIELD Missouri

1-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-13-62

23c. NAME OF CEMETERY OR CREMATORY

Bellview Cemetery

23d. LOCATION (City, town, or county)

Greene County,

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

KLINGNER MORTUARY, INC. SPRINGFIELD Mo.

25. DATE RECD. BY LOCAL REG.

1-11-62

26. REGISTRAR'S SIGNATURE

Effie S. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ogle Slone Jr

Licensed Embalmer No.

4476

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.